

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARIZONA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

---

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".
2. For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item \_\_\_\_ of this attachment (see 3. below).
3. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
4. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item \_\_\_\_ of this attachment, for those groups and payments listed below and designated with the letters "NR".
5. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item \_\_\_\_ of this attachment (see 3. above).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARIZONA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

---

QMB Onlys:	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance
	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance

---

	<b>Fee-for-Service</b>	
Other	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance
Medicaid	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance
Recipients		
(Non-QMBs)	<b>Health Plans/Program Contractors</b>	
	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance

---

	<b>Fee-for-Service</b>	
QMB Duals:	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance
(Medicare	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance
(and Medicaid)		
	<b>Health Plans/Program Contractors</b>	
	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance

---

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARIZONA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

---

Exceptions to Payment Method Shown on Chart on Page 2\*

For non-QMBs: AHCCCS does not pay the Medicare deductible and coinsurance unless the services are:

- (1) provided on a fee-for-service basis by a Medicare provider in the beneficiary's health plan or program contractor network;
- (2) covered by AHCCCS under the State Plan.

For QMB Duals: Restrictions are the same as for non-QMBs, except with respect to services covered by Medicare but not by AHCCCS under the State Plan (e.g., chiropractic services). For such services, AHCCCS pays the Medicare coinsurance and deductible regardless of whether the provider is in the beneficiary's health plan or program contractor network.

\* Pursuant to an August 29, 1996 agreement with HCFA.

---

TN No. 96-13  
Supersedes  
TN No. 94-22

Approval Date MAR 13 1997

Effective Date October 1, 1996

STATE OF ARIZONASUPPLEMENTEPSDT SERVICES NOT OTHERWISE COVERED IN THE STATE PLANCITATION: Attachment 4.19-B of the State Plan

---

**Chiropractor Services**

Payment for chiropractor service shall be made in accordance with the AHCCCS capped fee-for-service schedule. Under the fee-for-service schedule, chiropractors are paid the lesser of submitted charges or the capped fee for service amount for each service.

**Allogeneic Bone Marrow Transplant and Other Medically Necessary Organ Transplants Services**

Payment for organ transplant services which are medically necessary and not experimental will be based on a competitive bid process in accordance with State law. If the service is provided in another State, AHCCCS will pay the State's approved Medicaid rate for the service. The State has contracts for heart transplants and bone marrow transplants that are a fixed rate for the entire episode of care.

---

TN No. 91-27Supersedes Approval Date 3/30/92 Effective Date OCT 1, 1991TN No. None

ddb\EPSDT

STATE OF ARIZONA

SUPPLEMENT

CHRISTIAN SCIENCE SERVICES

CITATION: Attachment 4.19-B of the State Plan

---

**Christian Science Nurses**

Payment for Christian Science Nurses shall be made in accordance with the AHCCCS capped fee-for-service schedule.

**Christian Science Sanitoria**

There are two types of Christian Science Sanitoria services: inpatient Christian Science sanatorium services and sanatorium extended care services. Inpatient Christian Science services are considered to be furnished by a sanatorium in its capacity as a hospital. Sanatorium extended care services are sanatorium services furnished by a Christian Science sanatorium in its capacity as a skilled nursing facility.

Payment for inpatient Christian Science services may be no more than Medicare cost reimbursement under the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982.

Payment for sanatorium extended care services shall be made in accordance with AHCCCS fee-for-service payment rates specified in Attachment 4.19-D of the State Plan.

---

TN No. 91-27

Supersedes Approval Date 3/30/92 Effective Date OCT 1, 1991

TN No. None

db\EPSDT

TABLE A (Continued)Federally Qualified Health Center Services

Federally Qualified Health Centers (FQHCs) shall be reimbursed their reasonable costs of covered services. Reasonable costs shall be determined in accordance with applicable Medicare reimbursement principles. Such principles shall include any screening guidelines, tests of reasonableness, or payment limitations applicable to Medicaid FQHC services as required by federal law or regulation.

---

Effective Date 4/1/91

e:sp.t

ADDENDUM

METHODS AND STANDARDS USED TO DETERMINE PAYMENT  
FOR EMERGENCY MEDICAL SERVICES FOR ALIENS

CITATION: Attachment 4.19-B  
Page 66 of the State Plan

---

County eligibility offices and Department of Economic Security offices have been informed about the availability of emergency medical services and application procedures for aliens who have not been lawfully admitted for permanent residence or who are otherwise not permanently residing in the United States under color of law.

When a person receiving emergency services is indigent and an undocumented alien, the alien will be referred to the Department of Economic Security for application.

If the applicant meets all eligibility criteria other than citizenship, the Department of Economic Security eligibility worker will post the approval for the month of service, during the month of receipt of emergency services.

The AHCCCS Administration will be notified of approval and length of time for emergency coverage. The applicant, if approved, will request the provider to submit any bill for emergency services received during this period to AHCCCS.

A Medicaid card will not be issued; the applicant will not be enrolled in a health plan. [Subsequent bills for services related to the emergency must be submitted to the AHCCCS Claims Unit for authorization.]

The AHCCCS Administration will authorize payment only for care and services which are necessary for the treatment of an emergency medical condition of the alien. As defined in Section 1903(v), an "emergency medical condition means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in --

"(A) placing the patient's health in serious jeopardy,

"(B) serious impairment to bodily functions, or

"(C) serious dysfunction of any bodily organ or part."

---